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ABSTRACT

This guide is designed to help parents make important decisions in the development of the Individualized Family Service Plan (IFSP), which outlines the partnership between the family with a special needs child and the practitioners who provide early intervention services. The guide begins with a definition of an IFSP, followed by discussions of: the contents of an IFSP; sharing of information about the child and about the family's strengths and needs; the IFSP planning meeting; and changing the IFSP. A sample IFSP format is provided. The guide concludes with a list of organizational resources for parents, including a national information center, regional parent training and information centers, and statewide parent information centers. (Contains 20 references.) (JDD)

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understanding the individualized family service plan

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A Resource for Families

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UNDERSTANDING
THE INDIVIDUALIZED
FAMILY SERVICE PLAN

A Resource for Families

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FOREWORD

If the Individualized Family Service Plan (IFSP) is one of the most exciting and challenging aspects of services for young children with special needs and their families, it is also one of the most important. The IFSP is written proof of the partnership between families and professionals. This partnership is needed if we are to provide the best possible services to your child and family. Of course, this partnership will take time. It will also mean some hard work on the part of your family and the people who work with you. But that work should help you be sure that early intervention services are high in quality and meet the needs of your child and family.

You, and the rest of your family, are the most important people in your child's life. The United States Congress recognized this when they passed Part H of the Individuals with Disabilities Education Act (IDEA). This is the law which encourages states to provide services for all infants and toddlers with special needs and their families. The law requires that families have the chance to participate in these services and to make decisions about the kinds of services they would like for their child and family. Your chance to make decisions comes in the IFSP planning process.

The information in this manual may help you to make some important decisions. It is designed to help you understand the IFSP: what it is and how it is developed. The manual is set up to answer some of the questions parents most often ask about the IFSP. It may also cause you to think of other questions. We encourage you to discuss those questions with other family members, with the professionals who are working with you and your child, and with other parents. This is one of the best ways to be sure that the services your child receives are really the ones that meet his or her needs and the needs of your family. The pages on the left side of the manual have been left blank. Feel free to use these pages to keep track of your questions or other notes as you move through the IFSP process.

In addition to the sections of the manual which relate to the IFSP, there are two other parts which may be helpful to you. One is the Index to Terms. Throughout this booklet, and in conversations with other people who work with your child, you may come across words or phrases that are new or unfamiliar to you. Within this manual, any words or phrases written in **boldface type** are listed in this section and they are explained for you on the page numbers specified. In addition, the References and Resources sections list books and articles you may wish to read, as well as people who might be helpful to you at the state, regional, or federal level.

Providing services to young children with special needs and their families is a challenge your state has chosen to accept. Being the parent of a child with special needs is a very different challenge. But, with shared trust and respect, parents and professionals can work together to make the challenges more manageable.

PART I

INTRODUCTION

INTRODUCTION

A. What is an IFSP?

The Individualized Family Service Plan (IFSP) is a written plan designed especially for your child and family. The purpose of the IFSP is to help you put into words those things that you most want to see happen for your child and your family in order to help your child grow and develop. The IFSP is a "promise to families - a promise that your strengths will be recognized and built on, that your needs will be met in a way that is respectful of your beliefs and values, and that your hopes and dreams will be encouraged..." (Johnson, McGonigel, and Kaufmann, 1989).

B. Why does our child/family need an IFSP?

The IFSP is one part of your state's system for providing services to young children with special needs and their families. Any child with special needs, from birth to the age of three, must have a written IFSP in order to receive early intervention services. A written plan ensures that parents and professionals have decided together on the goals for early intervention services and on the services to be provided. The IFSP should ensure that your child and family receive the services you need to be able to encourage your child's growth and development.

C. What can an IFSP do for our child/family?

The IFSP is a way to help you organize the services your child may need and the resources that are available for you. Some of these resources may be within your own family or neighborhood. For others, you may need help from a professional. The IFSP outlines services to be provided and specifies responsibilities.

PART II

CONTENTS OF THE IFSP

CONTENTS OF THE IFSP

Part H of IDEA is very specific about the information that must be included in your child's IFSP. The IFSP must be in writing and must contain:

A. a description of the child's current level of development in each of the following areas: physical (including vision, hearing, and health status), language and speech, cognitive, self-help, and psychosocial;

B. a statement of the family's strengths and needs related to enhancing the development of their child;

C. a statement of the major outcomes expected to be achieved for the child and family, including the methods that will be used to determine progress toward achieving outcomes and whether changes in the outcomes or services are necessary;

D. a statement of the specific early intervention services necessary to meet the unique needs of the child and family, including the frequency, intensity, and method of delivering services;

E. the projected dates for initiation of services and the anticipated duration of those services;

F. the name of the case manager from the professional most immediately relevant to the child's or family's needs who will be responsible for the implementation of the IFSP and coordination with other agencies and persons; and

G. the steps to be taken to support the transition of the child to services at the preschool level to the extent that those services are considered appropriate.

PART III

SHARING INFORMATION ABOUT YOUR CHILD

SHARING INFORMATION ABOUT YOUR CHILD

1. What information is needed?

   An IFSP must include a description of your child's current level of development: his/her strengths and needs. The IFSP must describe how your child is growing and developing in each of five different areas:

   Cognitive development: how your child thinks about and develops an understanding of the world around him.

   Physical development: how your child moves around, uses his big muscles, his hands, and other small muscles; how well he sees and hears.

   Language and speech development: how your child communicates with others, the sounds and gestures he/she uses, and how he understands the things he hears.

   Psychosocial development: how your child plays with you or other adults or children, how he interacts with people.

   Self-help skills: your child's schedule, how he eats and sleeps, how he feeds and dresses himself.

2. How will the information be gathered?

   This information is gathered through a process called **assessment.** People who have experience working with young children with special needs will try to learn as much as they can about your child's strengths and needs: what your child can do, how he learns, and what your child needs help with.

3. Who will do the assessment?

   The team assessment will be done by a group of people referred to as a **team.** You are part of this team. Other team members may include your child's doctor, a teacher, a physical therapist or occupational therapist, a speech/language therapist, a social worker, a nurse, and/or other members who have experience working with young children with special needs. You may decide who you might like to be included on this team. If there are certain people with whom you have been working or people who might be able to share important information about your child, they may be included on the team. It is important that you get to know the team members and, if necessary, ask questions about who they are and what they do. A **case manager** from the team will help you plan for the assessment.

4. What will happen during the assessment?

During the assessment, your child will be given the chance to play so that others can watch what he does. If your child does not like to play, or does not know how, you may be asked to play with him in the way that your family plays at home. Your child may be given some blocks and asked to stack them; or he may be asked to play "Peek-a-Boo" or other games that you like to play. The team may want to watch your child eat. They may ask your permission to undress your child to get a better idea of how he moves.

Your child will not be expected to do everything that is asked of him. The team wants to get a good picture of the things your child can do, as well as the areas in which he might need help. It is very important that you share with the other team members as much information about your child as you can. You know your child better than any other member of the team and the information you provide is very valuable.

5. How will the information be used?

The purpose of the assessment is to answer questions you and other team members have about your child. The team will use the assessment information, along with any other information you can give them, to work with you to plan a program for your child and family. The written plan is called an IFSP. You and the other members of the team will get together after the assessment to develop this plan.

PART IV

SHARING INFORMATION ABOUT YOUR FAMILY'S STRENGTHS AND NEEDS

SHARING INFORMATION ABOUT YOUR FAMILY'S STRENGTHS AND NEEDS

1. What information is needed?

   The law requires early intervention programs to give you a chance to include in the IFSP a statement of your family's strengths and the things your family needs in order to help your child grow and develop. If you need help, your case manager and other team members will help you determine your strengths and needs and to decide which are most important and most immediate.

2. How will the information be gathered?

   You may choose what information you wish to share and in what way you would like to share it. Some ideas and information will be shared in informal conversation with your case manager. (The case manager is discussed on page 14.) Your case manager may ask you specific questions or may give you a form with some questions to think about. Questions might be: Do you need more information about services in your community? Do you need help finding child care or respite care? Do you need help getting food stamps? Use these questions to decide what information you want the team to have. Share only the information that you feel comfortable sharing. The team only needs to know what you want to tell them.

3. How will this information be used?

   Information you choose to share about your family will be used to help the team develop your IFSP. By knowing the needs your family has and the resources you have to help you meet those needs, the other members of the team can work with you to plan the most appropriate program for your child and family.

PART V

THE IFSP PLANNING MEETING

THE IFSP PLANNING MEETING

A. Setting

1. When and where is it held?

The meeting to develop the IFSP is called the **IFSP planning meeting.** Some programs call this a **staffing** or a **program planning meeting.** The meeting may be held immediately after your child's assessment in the same location or at another time and place. If this is your child's and family's first IFSP, the law requires that it be developed within 45 days from your child's referral for early intervention services. The meeting may not be held, however, until all of the necessary assessment information has been gathered and until you have had the opportunity to share your family's strengths and concerns with the team.

2. What should I bring?

If you have any notes, reports, or files about your child that you would like to share, you should feel free to bring them to the meeting. Some parents also find it helpful to write down a list of questions to ask the other team members. This helps you to be sure that you don't forget anything you wanted to talk about during the meeting. Other members of the team usually bring their notes from the assessment to help them remember the information they want to share.

3. How can I prepare?

It might be helpful to spend some time before the meeting thinking about the things you want to tell the rest of the team. The other members need to know as much about your child as possible in order to help you design the right program for him or her. Before the meeting, it may be helpful to think about the outcomes or services you want for your child. You have the most information about your child and are the best source of information.

The IFSP Planning Meeting

B. Participants

1. Who will be there?

Depending on the early intervention program with which you are working, a number of different individuals may attend the IFSP planning meeting as part of the IFSP team. The group of people may include the same team members as those who assessed your child. There may be some additional people or some may seem to be missing. The law requires that at least the following people be there with you:

- Any other members of your family that you request;
- An **advocate** (a person not related to the program who is working with you to be sure your rights are respected) if you ask for one;
- Your case manager or temporary case manager with whom you have been working;
- A person or persons directly involved in conducting the assessment of your child; and
- Those people who will most likely be providing direct service to you and your child.

You, or the early intervention program with your permission, can also invite other people to the meeting. If you would like to include people who are unable to attend (for example, your pediatrician or another therapist who has seen your child), they may send written information to be included in the discussion.

2. What happens if I am unable to attend?

The meeting can not be held without you. The program will work with you to set up a time that is convenient for you. You must be told in advance about the time and place for the meeting. This should be done in plenty of time for you to make arrangements to be there. Some programs are able to provide transportation and child care. Others may be able to help you find these somewhere else if you need help. Talk with your case manager if you need help. If the meeting is scheduled at a time that is not convenient for you, let your case manager know as soon as possible so it can be rescheduled.

The IFSP Planning Meeting

C. Procedures

1. What will happen during the meeting?

   You and the other members of the team will have a chance to share information about your child - about what things he is good at (his **strengths**) and the things with which he needs help (his **needs**). Other members of the team will talk about your child's assessment. Be sure and let them know if what they saw was typical of your child or if he usually does things differently at home. The team will ask you about the changes you would like to see your child make - the **outcomes** you would like for your child and family. Other team members will have suggestions of outcomes or goals for you to consider. The team will have a chance to discuss the outcomes which should be listed in the IFSP, deciding which ones are most important for your child and family. As you talk about ways that the team might help you with some of these outcomes, also think about the ways in which some of your friends or other family members might help. Share these with the rest of the team if you would like. The team will need to plan activities that will help to reach your goals or outcomes. You will decide which early intervention services are best for your child and family. Be sure these services are practical for you and will fit into your family's schedule and priorities. Finally, your case manager will be selected if that has not already been done.

2. What will my role be? What will I be expected to do?

   You can decide how involved you want to be and how much you would like to do. Other members of the team would like to hear from you about your child and family. You make the decisions about the outcomes, activities, and services you would like included in the IFSP.

3. What will happen after the meeting?

   At the end of the meeting, you will receive a copy of the notes taken at the meeting. This will help you remember everything that was talked about. Review these notes to be sure they are correct. These notes can serve as your IFSP until you get a typed version. Even this is only a draft. Read it, think about it, talk about it with your family to be sure the outcomes and services in the IFSP are right for you and your child. Let your case manager know if you want to make any changes. Before you leave the meeting, be sure you are clear about what your next step will be, as well as what anyone else will be doing and when. If you have questions, contact your case manager and he/she will help you get an explanation. Services should start as soon as possible after the IFSP meeting.

PART VI

OTHER PARTS OF THE IFSP

OTHER PARTS OF THE IFSP

A. Statement of Outcomes for Child and Family

1. What are **outcomes?**

   Outcomes are changes you would like to see for your child and/or family. An outcome can focus on any area of child development or family life that you feel is related to your ability to help your child develop. Strategies or activities leading to outcomes will also be a part of the IFSP.

2. Who decides what outcomes are best for our child and family? How is this decided?

   The IFSP outcomes, as well as the strategies and activities used to meet them, are developed by the whole team. You and your family are primary decision-makers on that team. Outcomes should be written to reflect your family's priorities in the way that you have described them. Activities leading toward outcomes should be practical and should fit into your family's daily routine.

3. How will we know if the outcomes have been reached?

   As part of the IFSP, the team will set **criteria** or standards to measure if outcomes have been reached. Criteria should be practical and easy to judge.

4. What are timelines?

   Timelines are statements of how long particular activities may take or how long work toward an outcome is expected to continue.

5. Can outcomes be changed? How?

   Since outcomes reflect your family's priorities, your family should help decide when work toward the outcome is no longer needed. If, at any time, you feel that one or more of the outcomes in your IFSP need to be changed, or if you need to add an outcome, you may discuss this with your case manager. He or she will work with you and with the other team members, if necessary, to make the changes. The law requires that your IFSP be reviewed every six months to make changes as your child's and family's needs and priorities change.

Other Parts of the IFSP

B. Statement of Early Intervention Services

1. What are these services?

Early intervention services should be based on child and family needs. The services listed below are those specified in the law and should be available within your state's early intervention system. You and the other members of the team will decide which of these services are appropriate for your child and family.

Audiology - testing a child's hearing and, if necessary, services for hearing impaired children.

Case management services - assistance and service provided by a case manager to enable your child and family to receive the rights and services provided by the state's early intervention system (see Section G).

Family training, counseling, and home visits - services to help your family understand the special needs of your child and to enhance child development.

Health services - services to help your child benefit from the other early intervention services. These include:

a. such services as clean intermittent catheterization, tracheotomy care, tube feeding, changing of dressing or ostomy bags, and other health services; and

b. consultation by physicians with other service providers concerning your child's special health care needs.

Medical services - services provided by a licensed physician to determine your child's developmental status and need for early intervention services.

Nursing services - services provided to assess health status, to prevent health problems, and to administer medicines or treatments prescribed by a physician.

Nutrition services - developing and monitoring plans to address the specific nutritional needs of your child.

Occupational therapy - services to help your child develop small muscle skills, play skills and self-help skills, and/or to help your child use special equipment.

Physical therapy - services to help your child develop large muscle skills, prevent the development of poor movement patterns, and/or help your child use special equipment.

Psychological services - using and explaining psychological and developmental tests in order to learn about your child's behavior and development; planning and managing a program which may include counseling for your child and/or family, giving you information about child development, parent training and education programs.

Social work services - services to help you deal with issues in your home or community which affect your family's ability to use the other early intervention services. These may include counseling, group activities with other parents, and/or referral to other resources.

Special instruction - learning environments and activities to help your child develop new skills and to achieve the outcomes listed in your child's IFSP. Special instruction can also provide you with the information, skills, and support you need to enhance your child's development. This instruction may take place in your home, in a classroom or playroom setting in your community, or other locations.

Speech/language pathology - services to help your child learn and use new words and make sounds correctly. Help may also be given in using sign language or other methods to communicate. Referral to medical or other services for children with communication problems may also be recommended.

Transportation services - this includes the cost of travel (mileage, cab fare, parking fees, tolls, etc.) that are necessary to enable your family to receive early intervention services.

2. Who decides what services our child/family needs?

The whole team works together to decide what services are necessary to reach IFSP outcomes. Once again, you have the opportunity to be the primary decision-maker on the team and you help to choose the other members of the team. Services should meet your child's and family's needs and should match your family's priorities.

Other Parts of the IFSP
Early Intervention Services

3. Who decides what services our child/family will receive?

   With the resources of your family and those of the early intervention program, your child and family should be able to receive all of the services you need. However, many early intervention programs have limits on the services they are able to offer because of lack of funding, personnel, space, time, or other issues. Your case manager and other team members will work hard to help you get the services you need, either directly from the early intervention program or by referring you to another agency.

4. Who arranges the services?

   You and your case manager will work together to coordinate the services your child and family needs. You can take as much responsibility for this as you would like. Some families prefer to take care of all of the scheduling and arranging themselves. Others prefer to have the case manager do most of this. You decide how much involvement is right for you.

5. How are the services paid for?

   Some services, assessment and case management, for example, must be provided without cost to families. Although some other early intervention services may be provided without cost to families, each early intervention provider may have different procedures for payment. Families may have to pay a set fee or may be asked to pay as much as they can afford. Some services may be covered by your insurance or Medicaid. Your case manager will help you understand if payment arrangements are necessary and will help you work out a plan for your family, if necessary.

C. Statement of Medical/Other Services Needed

1. How are these different from early intervention services?

   These are services which your child or family might need, but which are not required by the law. These might include referrals for surgery, for example, corrective shoes, or hearing aids. They will be listed in a special section of the IFSP.

2. Who arranges and pays for these services?

   Because these services are not required by the law, if payment is necessary, it will be your responsibility. Your case manager can help you to arrange for services and to find resources to pay for them if necessary. Medical services are frequently covered by insurance or Medicaid.

D. Projected Dates of Initiation and Duration of Service

1. When do services start? (Initiation)

   Services should begin as soon as possible after the IFSP is developed. At the end of the IFSP Planning Meeting (see Part V), everyone should be clear on when each service will begin. This information is written in the plan. In some instances, with your permission, services may begin before the assessment is completed. In order for this to occur, the exact services and the name of your case manager must be specified in writing. Either way, the assessment and IFSP must be completed within 45 days after your child was referred for services.

2. How long will they last? (Duration)

   Some services will last at least until the IFSP is reviewed in six months or less. Other services may be needed for shorter periods of time. Duration must be discussed by the team and written into the plan.

E. Name of the Case Manager

1. What is a **case manager?**

   A case manager is your family's primary link to the early intervention system. This is someone who knows the system well and, in time, may come to know your family well. The case manager is responsible for seeing that your IFSP is carried out - that you get the services in the plan and that the services are coordinated.

2. How is the case manager selected?

   The case manager is chosen by the family and other team members. The law requires that the case manager be chosen "from the professional most

immediately relevant to the child and family." The case manager should be someone whose skills most closely meet the needs of your child and family. Your case manager may be a teacher, a therapist, a nurse, a social worker, or another appropriate member of the team with whom you can work closely.

In some early intervention programs, the case manager is also your child's primary service provider, the person who works with your child to carry out the activities in the IFSP. In other programs, the case manager will not work directly with your child. The team will explain how case management works in your program.

3. What does the case manager do?

The case manager can help to coordinate the assessment, IFSP planning, and the services listed in the IFSP. The case manager will make sure that you and your family receive the early intervention services you need. The case manager is also responsible for giving you information about any other services that might be available to help your family and to be sure that your rights are respected.

F. Steps to Support Transition

1. What is **transition?**

Transition is the process of moving from one program to another. The IFSP must include steps to be taken to support the transition of your child from the early intervention program to a preschool program, if appropriate.

2. When will we make this transition?

The time for your child to make the transition from early intervention to preschool will depend on the state in which you live. In many states, children stay in an early intervention program until they are three years old. After their third birthday, the public school system is responsible for providing services for them if they have a disability. Check with your case manager about the age at which early childhood special education (ECSE) services begin in your state. If you do not wish to use ECSE services or if your child is not eligible for those services, your child will make a different transition: to a play group, day care, other preschool program, or to stay at home with his family until school age.

3. How can we plan for transition?

Your case manager and other team members will work closely with you to be sure that transition is as smooth and effective as possible. The transition steps required by the law are listed below. Some additional transition activities are also listed. Talk with your case manager about how to plan a smooth transition for you and your child and about how involved you would like to be in any of these steps.

The steps required by the law include:

a. giving your family a chance to have training and to talk about future placements and other transition issues;
b. helping to prepare your child for change in service delivery, helping your child adjust to and function in a new setting; and
c. with your permission, sending information about your child to the local public school system, or other appropriate agencies, in order to ensure continuity of services.

Other transition activities that you may want to take part in are:

d. deciding whether or not to refer your child to another service system;
e. visiting possible future placements and deciding which one might be best for your child;
f. making the necessary referrals;
g. participating in the evaluation/assessment/eligibility process for your child to enter the new program; and
h. deciding on the best way to prepare your child for the transition.

4. What is the role of the early intervention team in transition?

As always in early intervention, you and your family are the most important members of the team making decisions for your child. The list above gives you some ideas about planning for transition. Talk with your case manager about the role you would like to have and how he/she can best help you and your family move from one program to another.

PART VII

CHANGING THE IFSP

CHANGING THE IFSP

A. What do we do if/when we would like changes made in the IFSP?

The IFSP is meant to be something that your family and the rest of the team will use to keep track of your child's progress and the services he or she needs. Therefore, the IFSP should always be up-to-date and accurate. If you feel that something in the IFSP should be changed, discuss this with your case manager or another member of the team with whom you feel comfortable. Families change. Children change. Programs or staff change. Often, the things we think we want for our children or families at one point in time are not the same at another time. You and your case manager can decide if the change is one the two of you can make together or if you want to discuss it with other members of the team.

B. What rights do I have if I cannot get the IFSP changes that I want?

Because you are part of the team that develops the IFSP, the IFSP should always reflect your family's values and priorities. But, if you are dissatisfied with it, or with any part of the process, the law guarantees you a number of rights called **"procedural safeguards"** to be sure you have the opportunity to voice your concerns and resolve problems. The procedural safeguards are listed below. Your case manager or the program coordinator can give you more information about dealing with problems. Also, some of the people listed in the Resources for Parents section of this manual may be very helpful in answering your questions.

Part H of IDEA Procedural Safeguards:

- The timely resolution of complaints by parents.
- The right to confidentiality of personal information.
- The opportunity for parents or guardians to examine all records relating to assessment, screening, eligibility, and the IFSP.
- Procedures to protect the rights of infants and toddlers if the parents or guardians are not known or are unavailable.
- Written prior notice to parents of any proposed change in identification, evaluation, placement, or provision of early intervention services. This notice should be in the parents' native language or mode of communication.
- During the time any action regarding a complaint is underway, the child will continue to receive the services currently being provided.

PART VIII

SAMPLE IFSP

There are many different formats for the IFSP. Each early intervention program may have a different one. It is most important that all the required components are included and that the information is clear. The following sample is provided so that you will have an idea of what one IFSP may look like.

CASE CODE NO.

INDIVIDUALIZED FAMILY SERVICE PLAN

NAME: **LEGAL GUARDIAN:**

DATE OF BIRTH: **ADDRESS:**

AGE: **PHONE:**

DATE OF ASSESSMENT AND IFSP MEETING:

CASE MANAGER(S):

PERTINENT HISTORY

Purpose: To provide any birth, medical, developmental, or intervention history relevant to the formulation of the IFSP.

Method: Discussion with family and review of records, as authorized by family.

CHILD ASSESSMENT

ASSESSMENT TEAM MEMBERS:

Name (include credentials where appropriate)

Family Member
Physical Therapist
Speech Pathologist
Educator
Primary Service Provider and Case Manager

ASSESSMENT INSTRUMENTS USED:

List all instruments used. If entire instrument was not used, include sections that were used. Clinical observation is also listed.

SPECIAL CONSIDERATIONS FOR ASSESSMENT:

Purpose: To explain any information considered in order to obtain an accurate assessment, including medical considerations, family concerns specific to assessment, consultation information, adaptations made in assessment administration. Include in this section information gathered prior to the assessment and any planned adaptations to the assessment process.

Methods: Report of the family, case manager, or other service provider.

CHILD ASSESSMENT-STRENGTHS, CONCERNS, AND DEVELOPMENTAL LEVELS:

Purpose: To identify and describe the child's major developmental strengths and concerns in the areas of cognitive, physical (including vision, hearing, and health status), language and speech, psychosocial, and self-help skill development, and major changes since the last assessment. The need for medical and other services should be described.

At the beginning of this section, include any assessment conditions which may have affected the assessment results, such as the child was sick on the day of assessment.

The final portion of this section is a narrative statement of developmental levels.

Methods: Formal assessment, clinical observation, report of the family, case manager, or other service provider.

FAMILY STRENGTHS AND CONCERNS

The following strengths and concerns were identified by the family during weekly home visits with the primary service provider, during the child's assessment, and during the IFSP planning meeting.

CONCERNS:

Purpose: To identify major concerns of the family, specifically those related to enhancing the development of the child.

Method: Identified by the family through interviews and written needs assessment.

STRENGTHS:

Purpose: To identify major strengths and family resources, specifically those related to enhancing the development of the child in relation to identified needs.

Method: Same as above.

OUTCOMES RELATED TO CHILD DEVELOPMENT

(Insert charts here)

OTHER OUTCOMES DESIRED BY THE FAMILY

(Insert charts here)

OUTCOMES RELATED TO CHILD DEVELOPMENT

OUTCOME:

OBJECTIVES/CRITERIA	STRATEGIES	PERSONS RESPONSIBLE	REVIEW/ MODIFY (DATE)	STATUS REPORTED BY (DATE)

OTHER OUTCOMES DESIRED BY THE FAMILY

OUTCOME	COURSE OF ACTION	REVIEW/ MODIFY (DATE)	PARENTS' REPORT OF PROGRESS TOWARD OUTCOME (DATE)

EARLY INTERVENTION SERVICES

Purpose: To identify and describe all early intervention services. Specify method, frequency, intensity, location, person responsible.

Also include medical and other services that the child needs. The steps, including referral, that will be undertaken to secure those services through public or private resources should be identified.

Method: Recommendation of team, based on outcomes and objectives.

PROJECTED DATES AND DURATION

(specify when services will begin and how long they will last)

PAYMENT ARRANGEMENTS FOR SERVICES

Purpose: To indicate provisions made for payment of services.

Method: Identified by the family and the program and consistent with state regulations.

IFSP MEETING PARTICIPANTS

I had the opportunity to participate in the development of this plan. I understand the program plan and I give permission to the Infant-Parent Program to carry out the plan leading toward the agreed upon outcomes. I/We also agree to carry out the plan as it applies to my/our role in the provision of services.

_____

Parent(s)/Legal Guardian(s) Signature(s)

_____

Date

I had the opportunity to participate in the development of this plan. I do not agree with this plan and I do not give my permission to the Infant-Parent Program to carry out the plan.

_____

Parent(s)/Legal Guardian(s) Signature(s)

_____

Date

The following individuals participated with the family in the development of the IFSP. Each individual understands and agrees to carry out the plan as it applies to his/her role in the provision of services.

_____ _____

Family Member

_____ _____

M.S., CCC-SLP
Infant-Parent Program

M.Ed.
Infant-Parent Program

_____ _____

Primary Service Provider/Case Manager

M.S.W., Child and Family Services

PART IX

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INDEX

The terms listed below are frequently heard in early intervention programs or in conversations with professionals working with your child. On the page numbers listed for each term, you will find an explanation or definition of the term.

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PART X

REFERENCES

REFERENCE LIST ON IFSP ISSUES

If you would like to read more about Individualized Family Service Plans or other related issues, the following references are very helpful.

* * * * * * * * * * * * * * * * * *

Alexander, R. & Tompkins-McGill, P. (1987). Notes to the experts from the parent of a handicapped child. Social Work, 32(4), 361-62.

Bailey, D. B. (1987). Collaborative goal-setting with families: Resolving differences in values and priorities for services. Topics in early childhood special education, 7(2), 59-71.

Bailey, D. B. & Simmeonson, R. J. (1988). Family assessment in early intervention. Columbus, OH: Merrill Publishing.

Bristol, M. M. & Gallagher, J. J. (1982). A family focus for early intervention. In C. Ramey and P. Trohanis (Eds.), Finding and educating the high-risk and handicapped infant. Baltimore: University Park Press.

Deal, A. G., Dunst, C. J., & Trivette, C. M. (in press). A flexible and functional approach to developing Individualized Family Service Plans. Infants and Young Children.

DiVenere, N. J. (1988, November). The development and management of Individualized Family Service Plans: The family perspective. Paper presented at the American Academy of Pediatrics Meeting on Public Law 99-457, Washington, D. C.

Dunst, C. J., Trivette, C. M., & Deal, A. (1987, July). The individualized family service plan: Assessing and meeting family needs. Paper presented at the Williamsburg Early Intervention Institute, College of William and Mary, Williamsburg, VA.

Dunst, C. J., Trivette, C. M., & Deal, A. (1988). Enabling and empowering families. Cambridge, MA: Brookline Books.

Education of the Handicapped Act Amendments of 1986, 677, 20 U.S.C.

Gallagher, J. J., Trohanis, P. L., & Clifford, R. M. (Eds.). (1989). Policy implementation and P.L. 99-457: Planning for young children with special needs. Baltimore: Paul H. Brookes.

Gordon, T. (1970). Parent effectiveness training. New York: Wyden.

Healy, A., Keesee, P. D., & Smith, B. S. (1985). Early services for children with special needs: Transactions for family support. Iowa City: University of Iowa.

Johnson, B., McGonigel, M., & Kaufmann, R. (Eds.). (1989). Guidelines and recommended practices for the Individualized Family Service Plan. Washington, D. C.: NEC*TAS and ACCH.

McGonigel, M. J. & Garland, C. W. (1988). The IFSP and the early intervention team: Team and family issues and recommended practices. Infants and Young Children, 1(1), 10-21.

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Shelton, T., Jeppson, E., & Johnson, B. (1987). Family-centered care for children with special health care needs. Washington, DC: Association for the Care of Children's Health.

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Virginia Department of Education, Division of Special Education Programs (1987). First steps: A transition resource manual for parents of young children with special needs. Richmond, VA.

Weiner, R. & Koppelman, J. (1987). From birth to five: Serving the youngest handicapped children. Alexandria, VA: Capital Publications.

Winton, P. J. & Bailey, D. B. (1988). The family-focused interview: A collaborative mechanism for family assessment and goal-setting. Journal of the Division for Early Childhood, 12(3), 195-207.

PART XI

RESOURCES FOR PARENTS

RESOURCES FOR PARENTS

The following selected agencies, operating on a national or regional basis, will respond to inquiries from parents concerning laws, services, support groups, and other information.

National Information Center for Children and Youth with Handicaps (NICHCY)

NICHCY offers information about specific disabilities; state-specific information about state agencies, parent groups, and advocacy organizations; and other topics of interest to parents and professionals. Their address is:

NICHCY
Box 1492
Washington, D. C. 20013
1-800-999-5599

Regional Parent Training and Information (PTI) Centers

Approximately 50 coalitions of parents of children with disabilities operate PTI centers offering information, support, and training workshops for parents of children with disabilities within a specific state or region. Information about the nearest parent center is available through the TAPP (Technical Assistance for Parent Programs) Project at the following locations:

TAPP Central Office
Federation for Children with Special Needs
312 Stuart Street
Boston, MA 02116
(617) 482-2915

TAPP Northeast Regional Office
Parent Information Center
P. O. Box 1422
Concord, NH 03301
(603) 224-6299

TAPP Midwest Regional Office
PACER Center, Inc.
4826 Chicago Avenue
Minneapolis, MN 55417
(612) 827-2966

TAPP West Regional Office
Washington State PAVE
6316 South 12th Street
Tacoma, WA 98465
(206) 565-2266

TAPP South Regional Office
Parents Educating Parents
Georgia Association for Retarded Citizens
1851 Ram Runway, #104
College Park, GA 30337
(404) 761-2745

STATEWIDE PARENT INFORMATION CENTERS

* = Newly Funded PTI ** = Continuation PTI *** = Newly Funded and Continuation

ALABAMA

None

ALASKA

Marsha Buck*
Southeast Regional Resource Center
218 Front Street
Juneau, AK 99801
(907) 586-6806

ARIZONA

None

ARKANSAS

Patsy Fordyce*
Arkansas Coalition for the Handicapped
701 West 7th Street
Little Rock, AR 72201
(501) 376-0378

Barbara L. Semrau*
Focus, Inc.
2917 King Street, Suite C
Jonesboro, AR 72401
(501) 935-2750

CALIFORNIA

Mary Lou Breslin*
Disability Rights Education Defense Fund, Inc.
2032 San Pablo Avenue
Berkeley, CA 94702
(415) 644-2255

CALIFORNIA (cont'd)

Albert C. Zonca*
Protection and Advocacy, Inc.
2131 Capitol Avenue, Suite 100
Sacramento, CA 95816
(916) 447-3324

Raylene Hayes**
TASK (Team of Advocates for Special Kids)
1800 East LaVeta Avenue
Orange, CA 92666
(714) 771-6542

COLORADO

Cathy Carlson*
Denver ARC
899 Logan, Suite 311
Denver, CO 80203
(303) 831-7733

CONNECTICUT

Nancy Prescott**
CT Parent Advocacy Center
c/o Mohegan Community College
Mahan Drive
Norwich, CT 06360
(203) 886-5250

DELAWARE

Patricia Herbert*
PIC of Delaware, Inc.
193 West Park Place
West Park Community Center
Newark, DE 19711
(302) 366-0152

DISTRICT OF COLUMBIA

Annette Bobbitt**
Lt. Joseph Kennedy Institute
The Kennedy School Program
801 Buchanan Stret, N.E.
Washington, DC 20017
(202) 529-7600

FLORIDA

None

GEORGIA

Mildred J. Hill**
Georgia ARC
1851 Ram Runway, Suite 104
College Park, GA 30337
(404) 761-3150

HAWAII

None

IDAHO

None

ILLINOIS

Charlotte Des Jardins***
Coordinating Council for Handicapped Children
220 S. State Street, Room 412
Chicago, IL 60604
(312) 922-0317

Donald Moore**
Design for Change
220 S. State Street, Room 1616
Chicago, IL 60604

ILLINOIS (cont'd)

Dr. Norma Dwing**
Southern Illinois University
Department of Special Education
Pulliam Hall, #124
Carbondale, IL 62901
(no phone number listed)

David W. Peterson**
La Grange Area Department of Special Education
1301 West Cossitt
La Grange, IL 60525
(312) 354-5730

INDIANA

Becky Irvin**
Task Force on Education for the Handicapped
812 East Jefferson Boulevard
South Bend, IN 46617
(no phone number listed)

IOWA

None

KANSAS

None

KENTUCKY

Gene Young*
Kentucky Coalition for Career and Leisure Development
366 Waller Avenue, Suite 119
Lexington, KY 40504
(606) 278-4712

LOUISIANA

None

MAINE

Pam Rasmussen*
Maine Parent Federation, Inc.
P. O. Box 2067
Augusta, ME 04330
(207) 767-3101

MARYLAND

Joan Driessen*
Maryland Society for Austistic Adults and Children - Project Peer
1000 Grosvenor Century Plaza, #327
10630 Little Patuxent Parkway
Columbia, MD 21044
(301) 596-0793

MASSACHUSETTS

Martha H. Ziegler***
Federation for Children with Special Needs
312 Stuart Street, 2nd Floor
Boston, MA 02116
(617) 482-2915

MICHIGAN

Eileen Cassidy*
Citizens Alliance to Uphold Special Education
313 South Washington Square
Lansing, MI 48933
(517) 485-4084

MINNESOTA

Paula F. Goldberg**
Marge Goldberg
PACER
4826 Chicago Avenue, South
Minneapolis, MN 55417
(612) 827-2966

MISSISSIPPI

Anne Presley*
Association of Developmental Organizations of MS
6055 Highway 18 South, Suite A
Jackson, MS 39209
(601) 922-3210

Sharon Booth*
Training and Information for Parents Project
4750 McWillie Drive, Suite 101
Jackson, MS 32906
(601) 981-8207

MISSOURI

None

MONTANA

None

NEBRASKA

None

NEVADA

Cindy Pennington*
Nevada Association for the Handicapped
P. O. Box 28458
Las Vegas, NV 89126
(702) 870-7050

NEW HAMPSHIRE

Judith Raskin***
NH Parent Information Center
155 Manchester Street
Concord, NH 03301
(603) 244-7005

NEW JERSEY

Mary L. Callahan*
Involve New Jersey, Inc.
199 Pancoast Avenue
Moorestown, NJ 08057
(609) 778-0599

Mary Vernacchia**
Montclair Board of Education
Montclair Public Schools
22 Valley Road
Montclair, NJ 07042
(201) 783-4000

NEW MEXICO

Beatriz Mitchell*
Protection and Advocacy System
2201 San Pedro NE, Bldg. 4, #140
Albuquerque, NM 87102
(505) 888-0111

NEW YORK

Jane Stern**
Advocates for Children of New York, Inc.
24-16 Bridge Plaza South
Long Island City, NY 11101
(212) 729-8866

Dr. Susan Polerstok**
Parent Training Project
Herbert H. Lehman College
Bedford Park Boulevard, West
Bronx, NY 10468
(212) 960-8570

Joan Watkins*
Western NY Association for the Learning Disabled
190 Franklin Street
Buffalo, NY 14221
(716) 855-1135

NORTH CAROLINA

Jennifer Seykora*
Advocacy Center for Children's Ed. & Parent Training
219 Bryan Building
Raleigh, NC 27605
(919) 821-2048

Connie Hawkins*
Exceptional Children's Advocacy Council
P. O. Box 16
Davidson, NC 28036
(704) 892-4407

NORTH CAROLINA (cont'd)

Patti Gilbert**
Project PAVE
Family, Infant and Preschool Program
Western Carolina Center
Morganton, NC 28655
(704) 433-2864

NORTH DAKOTA

None

OHIO

Thomas Murray**
SOC Information Center
3333 Vine Street, Suite 604
Cincinnati, OH 45220
(513) 861-2475

Margaret Burley*
Ohio Coalition for the Education of the Handicapped Children
933 High Street, Suite 200-H
Worthington, OH 43085
(614) 431-1307

OKLAHOMA

None

OREGON

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Western Oregon State College
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Monmouth, OR 97361
(503) 838-1220

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901 E. 18th Avenue, 1st Floor
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Monmouth, OR 97361
(503) 838-1220, Ext. 322

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999 Locust Street, N.E., #42
Salem, OR 97303
(503) 373-7477

PENNSYLVANIA

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ARC/Allegheny
1001 Brighton Road
Pittsburgh, PA 15233
(412) 322-6008

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Parents Union for Public Schools
401 N. Broad Street, Room 916
Philadelphia, PA 19108
(215) 574-0337

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Box 208
Euchland, PA 19480
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PENNSYLVANIA (cont'd)

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Parent Education Network
240 Haymeadow Drive
York, PA 17402
(717) 845-9722

PUERTO RICO

Carmen Selles**
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P. O. Box Q
Rio Piedras, PR 00928
(809) 765-0345

John G. Henning**
11A of World University
Hato Ray, PR 00920
(809) 782-2990

RHODE ISLAND

None

SOUTH CAROLINA

None

TENNESSEE

Harriett Derrybe..y*
EACH, Inc.
P. O. Box 121257
Nashville, TN 37212
(615) 327-0697

TEXAS

Bob Glenn**
Positive Parent Involvement
833 Houston Street
Austin, TX 78756
(512) 454-6694

Kay Lambert*
Advocacy, Inc.
7700 Chevy Chase, Suite 300
Austin, TX 78752
(512) 475-5543

Janice Forman*
ARC/TX Early Parent Intervention
910 Seventh Street
Orange, TX 77630
(409) 883-3324

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c/o Developmental Disabilities, Inc.
1018 Atherton Drive, Suite 101
Salt Lake City, UT 84123

Jean Nash
Utah PIC
4984 South 300 West
Murray, UT 84017
(801) 265-9883

VERMONT

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University of Vermont
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499-C Waterman Building
Burlington, VT 05405
(802) 656-4032

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VT/ARC
37 Champlain Mill
Winooski, VT 05404
(802) 655-4016

VIRGIN ISLANDS

None

VIRGINIA

Winifred Anderson**
Parent Education Advocacy Training Center
228 Pitt Street, Room 300
Alexandria, VA 22314

WASHINGTON

Pam McDonald
King County Advocates for Retarded Citizens
2230 Eighth Avenue
Seattle, WA 98121
(206) 622-9292

Mary Christie*
Project PEP
1025 South 3rd Street
Renton, WA 98055
(206) 228-8868

WASHINGTON (cont'd)

Martha Gentili*
Washington PAVE
1010 South I Street
Tacoma, WA 98405
(206) 272-7804

WEST VIRGINIA

William L. Capehart**
WV Department of Education
Capitol Complex, Room 309
Building 6
Charleston, WV 25305
(304) 348-8830

WISCONSIN

Liz Irwin*
Parent Education Project
United Cerebral Palsy of SE Wisconsin
152 West Wisconsin Avenue, #308
Milwaukee, WI 53203
(414) 272-4500

WYOMING

None

Williamsburg Area Child Development Resources, Inc.
Post Office Box 299
Lightfoot, Virginia 23090-0299
(804) 565-0303
FAX (804) 564-0144